Section III: MANAGEMENT RECOMMENDATIONS

The following recommendations and action items describe measures to be taken by councils as well as by individual agencies to improve consistency, oversight and evaluation among all agencies serving children with SED. Many of the recommendations and action items reflect and overlap with the Collaboration recommendations (2-5) and the Accountability recommendations (42-50).

A significant change in management of children's mental health services is the implementation of Utilization Management (UM). In 2000, the Idaho Legislature directed the Department of Health and Welfare to implement UM for all mental health and developmental disability services reimbursed by Medicaid. When implemented, UM's information system will be used to track children's mental health services provided by DHW for both non-Medicaid and Medicaid eligible individuals for non-Medicaid reimbursable services. This creates a single system for children receiving DHW mental health services. Utilization Management will pre-authorize, track, and review services. In addition, UM staff will be responsible to recruit, enroll, train and monitor service providers, which will free up regional program staff time for direct services such as case management, and crisis response. At this time we are unable to predict how much time might be freed up by the additional assessment staff. UM may impact our ability to implement specific recommendations of the plan.

Since the Needs Assessment was completed, the Idaho Legislature has directed the development of a Managed Care system. The UM project is the process that is currently being developed. Implementation of this system is anticipated in the near future. During the development and implementation of UM, the UM unit will be updated on the plan requirements. As UM is developed, DHW will provide the Plaintiffs' counsel with information on how UM will impact the implementation of the plan. It is our belief that UM should not be used to deny services where the child is otherwise eligible. If there is a denial from UM there will be an appeals process available (see recommendation 27). If UM is not implemented, the management recommendations will be implemented through alternative means and may affect timelines.

FINANCIAL STATEMENT:
Most of the Management recommendations can be accomplished within existing resources; however, they will require significant staff time and effort. The Utilization Management project should aid in the realization of many of these recommendations. There are two recommendations that will require additional funding: 1) recommendation 12 which recommends that integrated information management systems be developed by each of the child serving systems; and 2) recommendation 17 recommending enhancements in the state's videoconferencing capabilities. Each of these recommendations will require research into methods of accomplishing their goals. A feasibility study may be required for recommendation 12 to determine the best approach to an integrated system within each agency. The equipment and technology that would be needed to enhance videoconferencing capability will also require additional funding. These recommendations are considered to be priority two by the authors of the Needs

Assessment, and while still important, additional funding would require the needed data and research prior to any such request.

Recommendation 8.

Management of public care for children with serious emotional disturbances and their families must reflect ongoing collaborative interactions among all of the child-serving systems. **(Priority 1)**

Background/Framework for Implementation

The intent of this recommendation is addressed in recommendations 2-5 outlining the establishment of both a state level and local level councils made up of members of the child serving entities; recommendations 9-17 addressing management strategies for agency tracking and planning methods; and the action items identified under each recommendation. The actions under these sets of recommendations address the participation of agencies serving children with SED in a collaborative effort in decision making and the development of an integrated system of care.

Priority Action Items and Timelines

A See action items under 2-5 and 9-17

Desired Result

Councils at the state and local levels have representatives from relevant child serving systems (for example, DJC, County Probation, parents of children with SED, SDE, DHW, school districts and private providers) and memoranda of agreement between partner agencies reflect collaboration. DJC district liaisons will be assigned to the DJC's representatives to these councils. Efforts to collaborate with community partners on individual cases will also be made, in addition to the collaborative efforts at both the state and the local councils.

Recommendation 9.

The Cabinet Council, as well as each of its member agencies, must discuss and develop planning, implementation, management, and evaluation practices that clearly articulate system goals, the outcomes to be achieved in relation to those goals, and the service delivery practices necessary to achieve those goals. (Priority 1)

Background/Framework for Implementation

It is critical that partner agencies have a shared understanding of system goals and outcomes for children and families. A role of the ICCMH is to provide individual agencies and local councils with clear direction on expected outcomes and technical assistance regarding service delivery methods that are nationally recognized as best practice. In addition to the action item below, training and technical assistance are addressed in recommendation 10, outcomes and targets are addressed with key indicators in recommendation 42, accountability requirements and further work on outcomes are

addressed in recommendation 43, targets in 44, and the monitoring and reporting of key indicators is addressed in the recommendation creating a Community Report Card in 45.

Priority Action Items and Timelines

A By March 1, 2002, the ICCMH will research and set minimum standards for accountability, outcomes and management that will be consistent statewide. Standards will be articulated in writing and will be in place prior to establishing local councils (March 1, 2002). Local councils will develop memoranda of agreement to reflect these standards.

B DHW will develop policies that reflect best practices on service delivery.

C See also the recommendations outlined in the Background section above.

Desired Result

Establishment of a consistent system of accountability, management and outcome measurements as identified by the ICCMH, to be used by the local councils and, where possible, across individual agencies.

Recommendation 10.

IDHW and the rest of the Cabinet Council should demonstrate state leadership by organizing and implementing a statewide planning process leading to the implementation of local Child & Family Councils. (Priority 1)

Background/Framework for Implementation

Through the Needs Assessment Executive Committee and the demonstration sites, a model for providing state leadership to local councils is being developed and provides a foundation for implementing local councils. The formalization of the state level council in recommendation 2 builds on this model of leadership.

One effective method of assisting in the development of local councils is the "Policy Academy." These academies are an opportunity for stakeholders to come together to talk about how to get started, learn from peers and from outside experts, explore barriers and strategies, and develop an implementation plan. On-going support is also essential for the development and functioning of the councils. This is also addressed in recommendation 4.

Priority Action Items and Timelines

A By September 1, 2001, the ICCMH will develop a plan for providing outreach, technical assistance and training to communities for the development of local councils. The plan will include use of "Policy Academies" for each region. In addition, by September 1, 2001, the Council will identify resources for on-going technical assistance in designing, managing and evaluating integrated systems of care. These may include national experts and area universities.

B Information and training on local council development will be presented at the statewide Children's Mental Health Conference, September 2001.

C See also the action items in recommendation 6 to address the integration of services by developing recommendations from the "school-as-a-base" workgroup.

Desired Result
The ICCMH serves as a model of leadership through the organization and implementation of a state-level planning process. DHW, the "Policy Academies," and technical assistance will also aid the establishment and implementation of the local councils. Local councils are implemented statewide under the leadership of ICCMH by March 1, 2002.

Recommendation 11.
In the context of the statewide planning process, the Cabinet Council should immediately organize and implement an interagency review process, in partnership with local juvenile courts, agencies, and school districts, to review each of the youth currently placed through IDJC and determine whether alternate treatment programming could be implemented without a continued court commitment. (Priority 1)

Background/Framework for Implementation
On October 31, 2000, the Director of DHW met with the Magistrates' Advisory Committee and apprised them of the court related recommendations within the Needs Assessment and the federal court's order for the development of a comprehensive plan relative to provision of mental health services for children with SED within the state of Idaho. Their thoughts and suggestions regarding the court related recommendations were solicited at that time. In addition, Judge Varin is currently a member of the Needs Assessment Executive Committee. Judge Varin has been conferring with Patti Tobias, Administrative Director of the Courts, to gather and provide input to this recommendation. See also the action items in recommendation 42.

DHW is currently working with DJC to review their files to identify children with SED who are now committed to DJC. Some of these children may be eligible for children's mental health services for which DJC could contract with DHW to provide services for children in DJC custody. Additionally, this cooperative review might identify children with SED who could be transitioned to community based programs and whose mental health services could be provided and/or managed by DHW or other community resources after release from DJC custody.

DJC is committed to releasing children with SED in its custody, who have met their accountability or treatment goals and who do not present dangers to themselves or the community, to appropriate, alternative community-based treatment programs. However, DJC and the Plaintiffs agree that it would place a burden upon the newly established councils, juvenile courts, county juvenile probation, other agencies and school districts for them to review each of the 500+ youth currently in DJC custody. Instead, it would be

more realistic for the local councils, juvenile courts, county juvenile probation, other agencies and school districts to review the placement of youths whom DJC has identified as likely candidates for an alternative treatment placement. Families, local councils, court personnel, county juvenile probation, agencies, etc., could request DJC to review one of the youth committed to its custody to determine if that youth is a candidate for alternative, available, community-based treatment programs.

Less restrictive treatment options may be identified and used with or without a continued court commitment. Additionally, the review does not actually have to be of each child in DJC custody, but only those identified by DJC staff as potential candidates for mental health services and alternative treatment options.

Priority Action Items and Timelines

A DHW and DJC, with cooperating school districts, will explore the use of after-care advisory committees for each county for children who are being transitioned back to their community.

B DHW will continue to work with DJC to review those children identified by DJC or County Probation as potential candidates for local council review.

C DJC will assist DHW by communicating with county probation and magistrate judges about community resources that may provide alternatives to DJC commitment or placement in county detention for a juvenile with SED.

D Local judges will be periodically apprised of new information, resources, and community based services available to them for their consideration in sentencing.

E DJC and DHW will develop a workgroup to explore the need for a change to current rules or statutes to create a diversion program to prevent children with SED from being committed to state institutions or facilities where appropriate less restrictive treatment options are available.

Desired Result

DJC will identify children with SED who might be candidates for alternative community-based treatment settings by March 1, 2002. The judiciary shall be kept up to date of community based alternatives to the commitment process. Transitional services will be available for children with SED.

Recommendation 12.

Resources must be committed to the development of better, more integrated information management systems within child-serving agencies. (Priority 2)

Background/Framework for Implementation

Several initiatives are currently underway to develop better and more integrated information management systems within the Department of Health and Welfare. DHW is developing a Common Client Directory for all persons served by the Department. This

will allow DHW to track services and assistance across all programs within the Department.

In addition, at the direction of the State Legislature, DHW is currently implementing the Utilization Management Program (UM) for all mental health services reimbursed by Medicaid. The Utilization Management information system will be used to track all children's mental health services regardless of Medicaid eligibility. This will provide a method for tracking services, costs and outcomes for children accessing DHW funded mental health services.

DJC can track children in its custody identified as having SED, the location of and the type of facility in which they are assigned, the ages during which they are in DJC custody, the type of programs to which they are assigned, the length of DJC custody, and ages of their release.

The State Department of Education has several data systems that are used by the Bureau of Special Education to gather specific information from school districts on IDEA eligible students who are emotionally disturbed. This information includes student demographic information, types and amounts of services, settings where services are delivered, and personnel information. In addition, the SDE also compiles the following information by school district: graduation rates; dropout rates; participation rates in statewide assessment; performance rates on statewide assessments; and disproportionality rates. Sharing of personally identifiable student information is contingent upon consent for release of information from parent or within the limits of the Family Educational Rights and Privacy Act (FERPA).

Currently, all child-serving agencies track data separately. It is not considered technically feasible to link these systems at this time. However, through the ICCMH's development of standards and common data elements, it will be possible to track outcomes and data on the children served within each agency. This provides a starting place for improving information management across agencies.

Priority Action Items and Timelines

A During 2001, DHW will begin using Utilization Management's information system to rack all children's mental health services provided by the Department.

B By July 1, 2001, the ICCMH will review common data elements currently being used by he demonstration sites and use these as a basis to identify common data elements to be tracked by all local councils.

C By September 1, 2001, DHW will develop a common assessment process that will allow for compilation of aggregate data on all children referred to DHW for a mental health assessment. See also the response and action items under recommendation 27 addressing the enhancement of assessment capabilities.

D The local council memorandum of agreement should include the agreement on the part of the participating agencies to provide agreed upon data. See also,

recommendation 45 regarding the establishment of key indicators to be monitored through the development of a Community Report Card.

Desired Result
Local councils consistently track common data elements statewide and report these to the ICCMH. Child serving agencies can track services and gather aggregate data to facilitate planning for improving service delivery and allocating resources. Child serving agencies can track services according to common data elements statewide.

Recommendation 13.
The administration and legislature should explore statutory modifications, which would enable limited statewide management of special education resources, particularly in the development of standard practices and expectations for the integration of community treatment resources into school functioning. (Priority 2)

Background/Framework for Implementation
All school districts in Idaho have adopted approved policies and procedures for implementation of special education services in accordance with the IDEA and Idaho Code. The Bureau of Special Education within the SDE currently monitors all districts in Idaho on the implementation of these policies and procedures. In addition, the SDE and school districts utilize state appropriations, IDEA VI-B flow through dollars, SED allowance, district to agency contracts, school Medicaid funding, and alternative school funding, to ensure appropriate educational services are provided to eligible students.

The Bureau of Special Education has also just completed a self-assessment that was submitted to the Office of Special Education Programs in Washington, D.C. Several recommendations were made and strategies are being developed to address the needs of students with emotional disturbances and their families.

Priority Action Items and Timelines
A The SDE will examine the barriers, statutory requirements and impact of current resource structures for serving students who are emotionally disturbed and make recommendations to policy makers. An example of a change to the current structure would be possibly increasing the current ED excess cost allowance.

B School districts will participate with DHW and DJC at the local level in the development f interagency agreements that will include a description of each agency's resource commitments to services to ED students.

C SDE will adopt a methodology to set numerical benchmarks for system identification of children with SED. This methodology has been approved by Mr. Cliff Davis, co-author of the Needs Assessment, as a sound method for setting system goals.

Desired Result
Increased access for children, families and schools to community based mental health services.

Recommendation 14.

IDHW should establish internal work groups to explore methods to integrate management processes across internal categorical boundaries. (Priority 1)

Background/Framework for Implementation

Currently, within DHW, the Children's Mental Health and Development Disabilities programs have guidelines for developing regional protocols for serving dually-diagnosed children. DHW will continue to encourage cross-program learning and service coordination for families through multiple DHW programs. In addition, the common client directory described in recommendation 12 will facilitate identification and coordination of services for families served by more than one program.

Priority Action Items and Timelines

A By July 1, 2001, DHW will establish a workgroup consisting of Children's Mental Health, Child Protection, Substance Abuse Prevention and Treatment, Developmental Disabilities, Special Health Programs, Medicaid, and families to explore ways to integrate management, training and service processes that cross programs. Areas to be explored include data gathered and reported; certification and licensure; access, admission, length of stay and level of care criteria; reimbursement practices; staff development and training; and evaluation and accountability practices.

B By December 1, 2001, the workgroup will report to ICCMH on their findings and recommendations.

C By April 1, 2001, DHW will send staff to a conference on "Promoting Mental Health in Children and Adults with Developmental Disabilities," sponsored by NADD (an association for persons with developmental disabilities and mental health needs).

Desired Result

DHW managers are able to obtain information across program boundaries to facilitate coordinated service delivery.

Recommendation 15.

It is recommended that substantial efforts be applied to simplifying and standardizing the definitional, reporting, and payment processes for Medicaid-paid mental health services. In particular, it is recommended that the Clinic Option be phased out and services/providers operating under that option be switched over to the Rehabilitation Option by July 1, 2001, with more standardized service definitions and consistent payment rates. (Priority 1)

Background/Framework for Implementation

Utilization Management will provide a mechanism for consistency including defining levels of service needs/intensity and service appropriateness. Utilization Management of children's mental health services will simplify and standardize service delivery, reporting and payment processes. UM will be used for all children's mental health services funded

by DHW. This will create a single assessment and reporting system for all children accessing DHW services.

The Plaintiff and Defendants agree that the recommendation to phase out the Clinic Option should not be implemented at this time. The Clinic Option is seen as an important alternative for families seeking access to mental health services. DHW has no plans to phase out the Clinic Option. Clinic Option services will, however, be included under Utilization Management. Concerns about the Clinic Option as currently utilized include the inability to track the type of services being provided, whether there are successful outcomes for the child, or whether there need to be adjustments to the treatment plan. It is anticipated that by using UM these concerns will be addressed while allowing the continuation of a service that provides a desired alternative to Psychosocial Rehabilitation (PSR) for many families.

Priority Action Items and Timelines

A Utilization Management will develop rules, policies and procedures for standardizing the definitional, reporting and payment processes for both Medicaid and non-Medicaid children's mental health services. Family and Children's Services staff will continue to provide input into the Utilization Management planning to address the needs of children with SED. It is estimated that Utilization Management will begin managing children's mental health services by July 1, 2001.

Desired Result

UM will provide service definitions, access, reporting, and payment processes which are consistent statewide for all children's mental health services provided by DHW.

Recommendation 16.

It is recommended that DHW work with its regional offices and private Medicaid providers to completely revamp the management of access to Medicaid-paid services. (Priority 1)

Background/Framework for Implementation:

The development of Utilization Management has arisen from the clear directives of the Idaho State Legislature and any recommendations regarding access to Medicaid reimbursable services for children's mental health must be consistent with those efforts. Utilization Management will provide a system for managing access to Medicaid reimbursable services.

Priority Action Items and Timelines:

A By October 1, 2001, DHW will review and evaluate provider agreements for potential revision to assure standardization and accountability for services in alignment with Utilization Management.

B Also, see recommendation 15 above.

Desired Result
The establishment of standardized management of mental health services for children. The present vehicle for such standardization is the Utilization Management project.

Recommendation 17.
It is recommended that the Cabinet Council explore avenues for establishing or improving the videoconferencing capabilities of the public child-serving systems, in all areas of the state. (Priority 2)

Background/Framework for Implementation
The expanded use of videoconferencing is currently being explored. Through the adult mental health program, some equipment has been purchased and limited capabilities are present throughout the state for the provision of mental health services. The work that has been done in the adult mental health program will aid in the establishment of this service for children's mental health. While the technology exists, and the potential for use is significant, the cost of developing, installing and using the technology is high. It may not be feasible to develop videoconferencing through or for a single agency, funding source or service delivery system. Medicaid can lead efforts to develop this technology in Idaho, but multiple public and private entities must collaborate to make it a reality.

Medicaid currently can pay for consultation and treatment services provided through videoconferencing; however, it does not currently pay for the cost of the videoconferencing itself.

Priority Action Items and Timelines

A By December 1, 2001, DHW will research the effectiveness and feasibility of using videoconferencing for provision of children's mental health services, taking into account the effectiveness of treatment, confidentiality issues and cost effectiveness. Other issues to be explored include the barriers and strategies for increasing third party reimbursement for medically/clinically related services provided via videoconferencing.

Desired Result
Information is available to policy makers and stakeholders regarding the feasibility and strategies for expanding the use of videoconferencing to increase service provision to families throughout Idaho and particularly in rural areas of the state.